PATENT APPLIC ON FEE DETERMINATION RECORD

ective December 8, 2004

Application or Docket Number 10/533651

		CLAIMS	AS FILED	- PART	1				· ·				
								SMALL ENTITY TYPE		OE	OTHER THAN		
U.S. NATIONAL STAGE FEES				(Column 1)		(Column 2)	12)		<u> </u>	-	SMALL	ENTITY	
							_	RATE	FEE		RATE	FEE	
BASIC FEE				SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)-		RGE ENT. = \$ 300		BASIC FEE	<u> </u>	OR	R BASIC FEE	300	
EXAMINATION FEE			(4) = \$ 50	50 / \$ 100	Ar	other situations = \$ 100 / \$ 200		EXÁM. FEE	,	7	EXAM. FEE	000	
SEARCH FEE			ALL other co	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500	7	SEARCH FEE			SEARCH FEE	1	
FEE	E FOR EXTRA	SPEC. PGS.	mir	minus 100 =		/50 =	1	X \$ 125 =	1	1	X \$ 250 =		
тот	TAL CHARGE	ABLE CLAIMS	27	27minus 20 = .		7	7	X \$ 25 =	 	OR	 	+	
IND	DEPENDENT C	LAIMS	(0)	(minus 3 =		3	1	X \$ 100 =	 	OR		350	
MUI	LTIPLE DEPE	NDENT CLAIM PR	(ESENT	L		<u> </u>	1	+\$ 180 =	 	OR	X \$ 200 = + \$ 360 =	600	
* If	the differenc	ce in column 1 is	less than zer	o, enter "0"	in c	olumn 2	J	TOTAL	 	OR	L	 	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		. =	1	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=	1	X\$100 =		OR	X \$ 200 =	 	
	FIRST PRES	SENTATION OF M	AULTIPLE DEP	ENDENT C	LAIM		1	+\$180 =		OR	+ \$ 360 =		
								TOTAL ADDIT.		OR	TOTAL ADDIT.	 	
								FEE [FEE	l	
_	r	(Column 1)		(Column		(Column 3)	- ,			_			
MENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş I	Total	*	Minus	**		= .		X\$25=		OR	X \$ 50 =		
AMENDA	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
1	FIRST PRES	SENTATION OF MU	ULTIPLE DEPF	ENDENT CL	AIM			+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT.		L	TOTAL ADDIT.	 ,	
								FEE L		•••	FEE L		
H	If the "Highest Nur	umn 1 is less than the umber Previously Paid	d For IN THIS SPA	ACF is lose th	han wa	" ontor "20"							
П	n the "Highest Nur	imber Previously Paid nber Previously Paid I	d For" IN THIS SPA	ACF is less th	han '3'	enter *3"							
		Total Control of the	or (Total Of linge	perioent is in	ie nign	est number lound	in the	appropriate box i	n column 1.			ı	